

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
APR 6 1940  
Registration District No. 566

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11735

State File No. \_\_\_\_\_

Primary Registration District No. 3030

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Charleston, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
205 S. Locust Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days) 20 years

3. (a) PRINT FULL NAME Ed Wilson

3. (b) If veteran, name war X X X 3. (c) Social Security No. X X X

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Lula Wilson 6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased Dec. 24 1872  
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Hillsboro N. Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Clean-up man around garage

11. Industry or business Janitor

MOTHER FATHER { 12. Name Unknown 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Leona Price  
(b) Address 205 S. Locust Charleston, Mo.

17. (a) Burial (b) Date thereof 3-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee Service  
(b) Address Charleston, Mo.

19. (a) 3-31-40 (b) J. D. Brown 1745  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi  
(c) City or town Charleston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 205 So. Locust St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th.  
year 1940 hour 8 minute 20 P.

21. I hereby certify that I attended the deceased from March 7th, 1940, to March 28th, 1940, that I last saw him alive on March 7th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Due to arteriosclerosis and atherogenesis of cerebral arteries  
Due to 1938

Other conditions g. d.  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Frank D. Brown (M. D. or D. O.)  
Address Charleston Mo Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

67  
3  
1

RECEIVED

District Health Officer No. 2.

Cause No. Number 440-860

Date Recd. 4/4/40

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.